

Funded by San Bernardino Associated Governments (SANBAG)

EMPLOYEE ENROLLMENT & INCENTIVE CLAIM FORM

EMPLOYEE INFORMATION	EMPLOYER INFORMATION
<p>-- Please Print --</p> <p>One way miles from home to work _____</p> <p>Social Security or CA Driver's License No. _____</p> <p>Name _____</p> <p>_____ Last _____ First _____ MI _____</p> <p>Home Address _____</p> <p>City _____ Zip _____</p> <p>Home Phone (_____) _____</p> <p>Work Phone (_____) _____ Ext _____</p>	<p>-- Please Print --</p> <p>Employer Name _____</p> <p>Street Address _____</p> <p>City _____ Zip _____</p> <p>Employer Representative Name _____</p> <p><u>San Bernardino County Commuter Services</u></p> <p>Contact Phone <u>909-386-9012</u></p> <p>Contact FAX <u>909-386-9004</u></p> <p>Contact E-Mail <u>presheske@cs.sbcounty.gov</u></p>

EMPLOYEE RIDESHARE MODE

How were you getting to work immediately prior to participating in this three-month incentive program? (Complete One Mode Only)

☐ Drive Alone
 ☐ Carpool
 ☐ Vanpool
 ☐ Walk
 ☐ Telecommute
 ☐ Bicycle
 ☐ Public Bus
 ☐ Rail
 ☐ Buspool

Rideshare Arrangement Must Be With Working Adults – Complete One Mode Only

Date you started your current Ridesharing Mode ____/____/____

(Complete One Mode Only)

Are you in: ☐ New Carpool ☐ Joining Existing Carpool Number of people in your carpool ____

☐ New Vanpool ☐ Existing Vanpool Number of people in your vanpool ____ Vanpool capacity ____
 Type of Vanpool: (Please check one) ☐ VPSI ☐ Enterprise ☐ Company Owned ☐ Other ____
 Vanpool Driver's Name _____

Adult Rideshare Partner(s)

Name Phone	Place of Employment	Daytime Phone	Name	Place of Employment	Daytime
1. _____ _____	_____	_____	8. _____	_____	_____
2. _____ _____	_____	_____	9. _____	_____	_____
3. _____ _____	_____	_____	10. _____	_____	_____
4. _____ _____	_____	_____	11. _____	_____	_____
5. _____ _____	_____	_____	12. _____	_____	_____
6. _____	_____	_____	13. _____	_____	_____

I acknowledge that I have read and understand the Summary of Rules of Eligibility governing SANBAG's *Option Rideshare* listed on the reverse side of this form, and certify that I am eligible to participate in and receive the incentives provided by *Option Rideshare*. I certify that I have not been in a rideshare arrangement 90 days prior to my enrollment in *Option Rideshare*. I further understand that any incentives I receive from *Option Rideshare* may be subject to federal and state taxes and that any tax liability that may result is my responsibility.

EMPLOYEE SIGNATURE _____ Date ____/____/____
(Sign And Date This Form Before Your First Commute Date)

EMPLOYER REPRESENTATIVE SIGNATURE _____ Date ____/____/____
(Original Signature Only. Signature Denotes Review And Approval Of Completed Form and Employee Eligibility)

Send completed forms to 0178 Commuter Services for signature via interoffice mail. Or by regular mail to Commuter Services, 222 W. Hospitality Lane, 3rd Floor, San Bernardino 92415-0178.

Please turn over→...

Do not write below this line

Vehicles Reduced _____ Joining New Pool _____ New Pool Credit _____ Comments _____
Number of Rideshare Days _____ Gift Certificate Type _____ Payment Amount _____ Payment Date _____
(orclaim7/03.doc)

(orclaim7/03.doc)

SUMMARY OF RULES OF ELIGIBILITY*

To be eligible for INCENTIVES under SANBAG's *Option Rideshare*, employees must meet all of the following requirements: (1) The employee must live in San Bernardino county; (2) The employee must be employed by an employer participating in *Option Rideshare*; (3) The employee must have been driving alone immediately prior to enrolling in *Option Rideshare*. The employee may not have been in a rideshare arrangement for the last 90 days prior to enrollment in *Option Rideshare*. A rideshare arrangement is defined as a carpool, vanpool, use of public bus, buspool or commuter rail, telecommuting, walking or bicycling; (4) The employee may not have received, within six months prior to enrollment in *Option Rideshare*, any INCENTIVES (including Team/Club Ride program) from SANBAG's Commuter Assistance Program or a commuter assistance program operated or funded by another public agency. If an employee received an INCENTIVE more than six months ago, the employee may receive an INCENTIVE under *Option Rideshare* only if the INCENTIVE is for a commute mode different from that for which he or she has already received an INCENTIVE or Team/Club Ride membership; (5) An employee may receive an INCENTIVE of \$2.00 per day under *Option Rideshare* for no more than three consecutive calendar months. The only exception to this policy is participating commuters who join a Startup Vanpool. Startup Vanpool is defined as a new vanpool that is established for the very first time. Startup Vanpool does not include an existing vanpool group that changes vanpool providers. Commuters must not have been in a vanpool for the past 180 days. Startup Vanpool will provide a subsidy over the first 12-month period the vanpool exists. Employee must choose only one incentive; (6) All INCENTIVES, except Startup Vanpool, shall be provided in the form of gift certificates as selected by the participating employer. The INCENTIVE/SUBSIDY for Startup Vanpool shall be paid by check directly to the vanpool leasing company; (7) A rideshare arrangement includes working adults only and does not include transporting children to school and/or day care; (8) The employee must commute to work on one or more weekdays (i.e., Monday through Friday) to qualify. An incentive will also be paid for qualifying weekend work trips as long as the commuter works on weekend days as part of a regular shift that includes at least one weekday; (9) Participating employee must use a rideshare arrangement to travel to work a minimum of 5 days a month to qualify.

*The above requirements are a summary of Resolution No. 03-025 adopted by the Riverside County Transportation Commission. In the event of a conflict between this summary and the resolution, Resolution No. 03-025 shall be controlling.

INSTRUCTIONS:

In order to effectively track your rideshare days, please complete each month's chart daily. At the end of each month, please total your rideshare days. At the end of three consecutive months, please sign and date form verifying accuracy of data.

Please use the following codes to indicate how you commute to work each day:

B = Bicycle **V = Vanpool** **W = Walk**
PB = Public Bus **C = Carpool** **T = Telecommute**
BP = Buspool **R = Rail** **DA = Drive Alone**
X = Non Rideshare Day

EXAMPLE:

Date	Mode
7/1	C

Commute Tracking Log

For the Month of _____						Total rideshare days in month: _____ (5 day minimum to qualify)							
SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
Date	Mode	Date	Mode	Date	Mode	Date	Mode	Date	Mode	Date	Mode	Date	Mode

For the Month of _____						Total rideshare days in month: _____ (5 day minimum to qualify)							
SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
Date	Mode	Date	Mode	Date	Mode	Date	Mode	Date	Mode	Date	Mode	Date	Mode

For the Month of _____						Total rideshare days in month: _____ (5 day minimum to qualify)							
SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
Date	Mode	Date	Mode	Date	Mode	Date	Mode	Date	Mode	Date	Mode	Date	Mode

Employee signature _____ Date ____/____/____

(Sign And Date Form Verifying Accuracy of Data. Return Within Five Days To Your Employer Representative For Processing)

Include a stamped, self-address envelope with your claim form.

ORLOG: 7/03